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| Case Number: | CM14-0060862 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 04/05/2009 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who reported an injury, the mechanism of which is unknown, on 04/05/2009. On 05/05/2014, her diagnoses included major depressive disorder single episode, anxiety state, chronic pain, degenerative lumbosacral intervertebral disc disorder, other unspecified lumbar disc disorder, lumbar spinal stenosis and lumbago. She presented with cervical, upper extremity, lumbar and lower extremity pain. She had full painless range of motion in the neck. There was severe generalized tenderness in the lumbar area and movement was severely restricted in all directions due to pain. Her medications included tramadol ER, cyclobenzaprine, Protonix, Lidoderm patches and Cymbalta. No dosages were noted for any of her medications. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol HCL ER 150 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,93-94,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for tramadol HCL ER 150 mg is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious, but limited to short term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants and/or anticonvulsants, quantified efficacy, drug screens or collateral contacts. Additionally, there was no frequency specified with the request. Therefore, this request for tramadol HCL ER 150 mg is not medically necessary.

Pantoprazole SOD DR 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for pantoprazole SOD DR 20 mg is non-certified. The California MTUS Guidelines suggest that proton pump inhibitors, which includes pantoprazole, may be recommended, but physicians should weigh the indication for NSAIDs against GI risk factors. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulants or high dose/multiple NSAID use. Pantoprazole is recommended for the treatment of gastroesophageal reflux disease and damage to the esophagus (esophagitis), Helicobacter infections and high levels of acid in the stomach caused by tumors. The injured worker does not have any of the above diagnoses, nor does she meet any of the qualifying criteria for risk for gastrointestinal events. Additionally, the request does not specify frequency of administration. Therefore, this request for pantoprazole SOD DR 20 mg is not medically necessary.